RULE 2202 - REGISTRATION FORM

YEAR: _____

SITE ID: _____

Type of Program: ECRP/Emissions Offset

T Y P E   O R   P R I N T   A L L   I N F O R M A T I O N

Section I - General Information

Employer/Organization Name: _____

Worksite Address: _____

        Street Number   (N, S, E, W)   Street Name   Type (St., Ave., Blvd.)

_____

Unit / Suite   Location / Mail stop

_____

City   State   Zip Code   County (LA, OC, RS, SB)

Highest Ranking Official at this Site: _____

        Name   Title

Mailing Address: _____
(If different from site address)

Phone Number: (_____)_____ E-Mail Address: _____
        Area Code

Fax Number: (_____)_____
        Area Code

Contact Name: _____

        Name   Title

Mailing Address: _____
(If different from site address)

Phone Number: (_____)_____ E-Mail Address: _____
        Area Code

Fax Number: (_____)_____
        Area Code

Total number of employees reporting at this worksite: _____

Total number of employees reporting within the designated window at this worksite: _____

I attest that the attached program will be implemented as described by Rule 2202 – On-Road Motor Vehicle Mitigation Options and as approved by the AQMD.

I further declare that in the process of program development: employee ideas were actively solicited, employees were provided with a 30-day notice to allow them to review the program prior to submittal, and employees will be notified within 30 days of receipt of program approval by the AQMD.

Signature of Highest Ranking Official: _____ **Date:** _____

Section II – Registration Fees

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

> South Coast Air Quality Management District
> Transportation Programs
> 21865 E. Copley Drive
> Diamond Bar, CA 91765

Please provide the site I.D. number on all checks. Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees. Please refer to Rule 308 for current Employee Commute Reduction Program Annual Analysis fees. Filing Fees are subject to change each July 1st. Call (909) 396-FEES for latest information, or download Rule 308 from our Web Site at www.aqmd.gov.

FILING FEES (Rule 308):

Site Street Address, City, Zip	Total # Employees	Amount Due

Late Fees, if applicable: (50% of submittal fee)	

INVESTMENT FEES (Section IV, Line 14):

Total Fees Submitted:

Section III– Employee Commute Reduction Program (ECRP) / Emissions Offset Option

Section III-1. Employee Transportation Coordinator (ETC) at this site

Mr./Ms.:   First Name: Last Name:

Title: Department/Unit:

Phone: Ext: e-mail:

(   )

Has this person completed the Rule 2202 Employee Commute
Reduction Program Training?   Yes [ ]   No [ ]

Section III-2. AVR Verification Process

A.   Methodology:
Identify the methodology used to obtain the survey data by checking one of the following choices:

[ ]   **District Approved   *(If selected, complete B thru D.)***
        AVR Survey   The 7-day survey form is available upon request for qualified employers.

[ ]   **Other (such as Random Sample,   *(This method requires prior AQMD approval).***
        or Record-Keeping)

See Rule 2202 – Employee Commute Reduction Program Guidelines for additional information.

B.   Survey Response Rate

Number of surveys returned   Total number of employees   Survey response rate
from employees reporting to work   reporting to work within the   (60% minimum response
within the designated window.   designated window.   rate required.)

	divided by	

C.   Survey Week

First day of survey   Last day of survey   **NOTE: Survey must be taken M-F (5**

| /   / | /   / |

consecutive days), 6 am – 10 am, exclusive of holidays and rideshare week (see holiday listing in the program guidelines).

D.   Specific location where surveys/record keeping data are stored at your worksite

Section III - 2 (cont.)
E.   Weekly Employee Survey Summary Form

Summarize the commute modes of employees reporting to work within the designated 6-10 a.m., Monday-Friday window

Days of the week: _____ _____ _____ _____ _____   *Hours:* _____ *through* ____

(Identify the 5 consecutive days above)   *(Identify the 4 consecutive hours above)*

Mode	MON	TUE	WED	TH	FRI	Total
NSR. No Survey Response (60-89%)						
A. Drive Alone						
B. Motorcycle						
C. 2 persons in vehicle						
D. 3 persons in vehicle						
E. 4 persons in vehicle						
F. 5 persons in vehicle						
G. 6 persons in vehicle						
H. 7 persons in vehicle						
I. 8 persons in vehicle						
J. 9 persons in vehicle						
K. 10 persons in vehicle						
L. 11 persons in vehicle						
M. 12 persons in vehicle						
N. 13 persons in vehicle						
O. 14 persons in vehicle						
P. 15 persons in vehicle						
Q. Bus						
R. Rail/plane						
S. Walk						
T. Bicycle						
U. Electric Vehicle						
V. Telecommute						
W. Noncommuting						

Compressed Work Week Day(s) Off

	MON	TUE	WED	TH	FRI	Total
X. 3/36 work week						
Y. 4/40 work week						
Z. 9/80 work week						

Other Days Off

	MON	TUE	WED	TH	FRI	Total
AA. Vacation						
BB. Sick						
CC. Other						
DD. Other NSR (90% or higher response)						
DAILY TOTALS						

Section III-2 (cont.)   F.   Weekly Employee/Vehicle Calculation

Mode	Column I		Column II	
NSR. No Survey Responses (if 60%-89%)		NSR. Divided by 1=	
A. Drive Alone		A. divided by 1	
B. Motorcycle		B. divided by 1	
C. 2 persons in vehicle		C. divided by 2	
D. 3 persons in vehicle		D. divided by 3	
E. 4 persons in vehicle		E. divided by 4	
F. 5 persons in vehicle		F. divided by 5	
G. 6 persons in vehicle		G. divided by 6	
H. 7 persons in vehicle		H. divided by 7	
I. 8 persons in vehicle		I. divided by 8	
J. 9 persons in vehicle		J. divided by 9	
K. 10 persons in vehicle		K. divided by 10	
L. 11 persons in vehicle		L. divided by 11	
M. 12 persons in vehicle		M. divided by 12	
N. 13 persons in vehicle		N. divided by 13	
O. 14 persons in vehicle		O. divided by 14	
P. 15 persons in vehicle		P. divided by 15	
Q. Bus		Q. Bus	0
R. Rail/plane		R. Rail/plane	0
S. Walk		S. Walk	0
T. Bicycle		T. Bicycle	0
U. Electric Vehicle		U. Electric Vehicle	0
V. Telecommute		V. Telecommute	0
W. Noncommuting		W. Noncommuting	0

Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)		**TV. Total Vehicles (NSR through P)**	

Other Days Off

AA. Vacation	
BB. Sick	
CC. Other	
*DD. Other NSR (90% or higher)	
EE. Total (ET + AA + BB + CC + DD)	
FF. Number of employees in window	
GG. Multiply box FF by 5	

*DD Other: No Survey Response for employers that have achieved a 90% or higher survey response rate.

Note: Numbers in boxes EE & GG must be the same.

Section III- 2 (cont.)

G.   AVR Planning Form

1. Total employee trips generated within window (Section III-2-F, Column I, Line ET)   1. [_____]

2. Total vehicles arriving at the worksite within the window (Section III-2-F, Column II, Line TV)   2. [_____]

3. Divide line #1 of this page by line #2 of this page for current AVR.   3. [_____]

4. Enter AVR target area here. (1.30, 1.50, or 1.75).   4. [_____]

5. AVR of last submittal.   5. [_____]

6. Divide line #1 of this page by line #4 of this page. This is the maximum   6. [_____]
    weekly number of vehicles allowed at the worksite in order to meet and/or
    maintain the target AVR.

7. Subtract line #6 of this page from line #2 of this page. This is your   7. [_____]
    necessary weekly vehicle reductions required to reach your target AVR.

8. Divide line #7 of this page by 5 days to calculate the necessary   8. [_____]
    daily vehicle reductions required to reach your target AVR.

RULE 2202 - REGISTRATION FORM

YEAR: _____

SITE ID: _____

Section IV			
Employee Commute Reduction Program/Emissions Offset Option			
1. **Enter** the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section III-2, item F, Line ET, by 5.			
2. **Enter** the daily average number of vehicles reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section III-2, item F, Line TV, by 5.			
3. **Subtract** Line 2 from Line 1 and enter the result. This is the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window. For CCVR credits claimed, list the program incentives in next Section: Program Elements			
Emission Reduction Target (ERT) Calculation	**VOC**	**NOx**	**CO**
4. **Enter** the Employee Emission Reduction Factors with respect to the worksite's Performance Target Zone. (see Table 1 in Appendix B). **Check one:** Zone 1 _____ Zone 2 _____ Zone 3 _____			
5. Multiply Line 1 times Line 4 and enter the results.			
6. Enter the Emission Factors for Vehicle Trip Emission Credits. (see Table 2 in Appendix B).			
7. Multiply Line 3 times Line 6 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).			
8. **Subtract** Line 7 from Line 5 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). **STOP** here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 9, and/or Line 10, and/or Line 13.			
Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area	**VOC**	**NOx**	**CO**
9. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).			
10. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.). For non-peak CCVR credits claimed, please enter CCVR here: _____			
11. **Enter** the sum of Lines 9 and Line 10.			
12. **Subtract** Line 11 from Line 8 and enter the results. This is your Net EMISSION REDUCTION TARGET (ERT). **STOP** here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, proceed to Line 13.			
Vehicle Trip Emission Credits (VTEC) from AQIP to meet the balance ERT	**VOC**	**NOx**	**CO**
13. Air Quality Investment Program Option to Offset the ERT: Divide Line 12 by the corresponding Emission Factors in Line 4. Use round numbers only. Enter results here			
14. **Multiply** the highest number on Line 13 by $60. This is the equivalent AQIP Fee to Offset your Net ERT. **Enter dollar value in Section II (Investment Fees).**	$ _____		

Section V - Program Elements: Creditable Commute Vehicle Reductions (CCVR)

Select four (4) Basic/Support Strategies and two (2) Direct Strategies that you will implement that can reasonably be expected to achieve the equivalent level of Creditable Commute Vehicle Reductions (CCVR).

Please check off all Employee Commute Reduction Strategies that your worksite will be implementing from the following menu:

BASIC/SUPPORT STRATEGIES (Select 4)

☐ Personalized Commute Assistance   ☐ Preferential Parking for Ridesharers

☐ Commuter Choice Programs   ☐ Bicycle Program

☐ Rideshare Matching Services
                                            ☐ Transit Information Center
☐ Guaranteed Return Trip

DIRECT STRATEGIES (Select 2)

☐ Vanpool Program   ☐ Points Program

☐ Time Off with Pay   ☐ Prize Drawings

☐ Compressed Work Week   ☐ Direct Financial Awards

☐ Telecommuting   ☐ Flex Time

☐ Parking Charge/Subsidy   ☐ Discounted/Free Meals

☐ Auto Services   ☐ Other (Please describe. Use additional pages, if necessary)

_____

_____

_____